

ONE PER FAMILY



# RING CHILD & YOUTH PROGRAM SUMMER 2016 FAMILY REGISTRATION FORM



## I. MILITARY SPONSOR'S INFORMATION

Military Sponsor's Name: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Military Branch and Component (Please Circle):

Army National Guard

Air National Guard

Navy Active

Marine Reserve

Army Active

Air Force Active

Navy Reserve

Coast Guard Active

Army Reserve

Air Force Reserve

Marine Active

Coast Guard Reserve

## II PARTICIPANT(S) INFORMATION

1. ) Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Below, please indicate the event(s) you would like to register the above child for. Spaces are limited, first come, first served.  
Please call or e-mail if you do not receive a confirmation e-mail in a timely manner.

Date	Name of Event	Location	REGISTER BY
<input type="checkbox"/> Wed., June 22	Military Teen Leadership trip to Boston	Meet in Warwick	6/17/16
<input type="checkbox"/> Thurs., July 7	Adventures in Learning YOUTH*	West Greenwich	6/30/16
<input type="checkbox"/> Tues., July 12	Fishing Trip #1 (cannot attend both trips)	Narragansett	7/8/16
<input type="checkbox"/> Thurs., July 14	Adventures in Learning TEEN*	West Greenwich	7/8/16
<input type="checkbox"/> Thurs., July 21	Kayak Trip*	Hope Valley	7/15/16
<input type="checkbox"/> Tues., August 2	Fishing Trip #2 (cannot attend both trips)	Narragansett	7/29/16

\*Additional paperwork is required and will be emailed to you.

Please list allergies, concerns, or medical/behavioral information we should know in order to help your child be successful.

.....  
2. ) Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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3.) Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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4.) Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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### III. PARENT/GUARDIAN'S INFORMATION

Parent /Guardian Name \_\_\_\_\_

Parent /Guardian Personal E-mail Address \_\_\_\_\_

(Please, no '.MIL' e-mail addresses)

Parent/Guardian Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name(s) of adult(s) authorized to pick up participant(s). ID's will be checked and only persons listed below will be allowed to pick up participant(s).

<u>Name</u>	<u>Relation to Child</u>
_____	_____
_____	_____

My child(ren) has/have permission to attend the RI National Guard Child and Youth Program Event(s) indicated above at the locations specified above.

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

A signed 2016 release form must be on file for each child participating in RING Child and Youth Program activities. If your child DOES NOT have a 2016 release form on file, please complete the following page.

☐ Please check if you believe your child(ren) has/have a 2016 release form(s) on file.

Holland Tulip • Lead Child & Youth Program Coordinator • Phone: 401-275-1254 • Fax: 401-275-4323 • E-Mail: Holland.k.tulip.ctr@mail.mil

Rhode Island National Guard Child and Youth Program

541 Airport Road  
Warwick, Rhode Island 02886  
401-275-1254



**ONE PER YOUTH,  
PER CALENDAR YEAR  
2016**

**MINOR'S CONSENT TO PARTICIPATE AND  
HOLD HARMLESS AGREEMENT AND RELEASE**

I, (Print Name of Minor's Parent or Legal Guardian) \_\_\_\_\_ state that

(Print Minor's Legal Name) \_\_\_\_\_ (hereafter referred to as "the minor")  
hereby consents to his/her attendance and participation in the Rhode Island National Guard Child and Youth Program. I understand that this program is a year long activity which may include day and overnight activities during the remainder of 2016 in which my child may choose to participate. In connection with his/her participation in this program, I consent to his/her participation in any sanctioned events to include transportation by government vehicle.

The minor's parent(s) or guardian(s) understand that participation in this program or sanctioned event is VOLUNTARY and that the minor does not have to participate. It is understood that the event or program involves activities which could result in injury to the minor's person or damage to the minor's property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accept and assume the risk of injury to the minor or damage to the minor's property and consent the minor's participation in the event or program.

I give permission for the child listed on this form to attend and participate in all activities except as noted on physical/medical forms. The information on these forms is true and correct to the best of my knowledge. In case of sudden illness or an accident to my child, requiring immediate treatment or surgery while participating in Rhode Island National Guard Child and Youth Programs, I authorize the primary staff or medical staff to take such action as deemed appropriate to protect the health and physical well-being of my child.

I further give my permission for the minor to be photographed during the program activities, with the understanding that photographs will be used only for promotional purposes of the Rhode Island National Guard Child and Youth Program.

In exchange for allowing the minor to participate in this event or program, the minor by and through the undersigned, agrees to release from liability, indemnify, and hold harmless the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees from any and all claims, demands, losses, expenses, actions or causes of action to the minor's person or damage to the minor's property which arises out of or occurs during or as a consequence of the minor's participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want of care on the part of the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees.

This Hold Harmless Agreement and Release shall be binding upon the minor, the parent(s), or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parents(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees.

**PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:**

I, the undersigned, state that I am the parent/legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that the said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding upon myself, the said minor, and any person suing on behalf of said minor.

Minor's Name (PRINT) \_\_\_\_\_ Birth Date of Minor \_\_\_\_\_

Parent/Legal Guardian' Name (PRINT) \_\_\_\_\_

Parent/Legal Guardian' Name (SIGN) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Executed at \_\_\_\_\_ (city), Rhode Island on \_\_\_\_\_ (date).



## VOLUNTEERS



### ADULT VOLUNTEERS ARE NEEDED FOR THE FISHING AND KAYAK TRIPS.

*Adult volunteers are first come, first served. One adult per family may apply per trip.*

## REQUIREMENTS:

### FIRST...

- Submit this form, along with the Family Registration Forms to secure your volunteer spot.

### THEN...

- Submit a Child and Youth Program Volunteer Application.\*
- Submit a Gratuitous and Confidentiality Agreement.\*
- Provide a copy of a BCI background check, obtained from your local police department, completed within one year of July 12, 2016.

*A national FBI fingerprint check is not necessary for the fishing/kayak trips, as volunteers will be under "line of sight" supervision at all times and will never be alone with a child.*

**\*Application and Agreement can be found here, under "Volunteers":**

<https://ri.ng.mil/familyprograms/cyprogram>

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### ADULT VOLUNTEER INFORMATION

**Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_  
(Please, no '.MIL' e-mail addresses.)

**Phone Number:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Please indicate which trip(s) you would like to volunteer for.**

#### FISHING TRIP:

***Please choose ONE Fishing Trip to attend with your child(ren):***

- ☐ Trip 1: Tuesday, July 12<sup>th</sup>
- ☐ Trip 2: Tuesday, August 2<sup>nd</sup>

#### KAYAK TRIP:

- ☐ Thursday, July 21<sup>st</sup>